

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98483 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M Strohecker

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 46 Years, 8 Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Butcher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 1919 Wilkeson St

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Lungs
coma

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 11th 1887

Undertaker, John P. Pencil James Boocky M. D. Medical Attendant.

Place of Business, 2009 Thacker Address, 319 Hallis on

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 984/84 Office of Registrar of Vital Statistics Ward 94
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 8. 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Kellian
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 1 Years, 1 Months, Days.
 Color, W
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation,
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give Street and Number. } 124 N. Sharp
 Cause of Death, { First (Primary), Second (Immediate), } Marasmus
 Duration of Last Sickness, 5 Mo.
All the above information should be furnished by the Physician.
 Place of Burial, Mt. Olivet Cem.
 Date of Burial, Mar. 10 1887
 { Undertaker, J. B. Cook } Chas. M. Jeff M. D.
Medical Attendant.
 { Place of Business, 1003 W. Balt. } Address, 763 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 98485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98485 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Hollen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 22

Place of Death, { Give Street and Number. } 22 Church St

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), Convulsions }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10 1887

Undertaker, Hercules

Place of Business, 404 Gay St Address, 617 Sharp St

W. S. P. Dooz M. D.
Medical Attendant.

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[OVER.]

No. 78486

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98486 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

 Date of Death, March 8, 1887

 Full Name of Deceased, Mardiana (s) Bishop

 Sex, Male or Female, Male

 Age, 10 Years, 9 Months, 9 Days.

 Color, Black

 Married, Single, Widow or Widower, Single

Occupation,

 Birth Place, B. City

 Duration of Residence in the City of Baltimore, 10-9

 Place of Death, 291 Newbury St

 Cause of Death, Congestion of Lungs

 Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

 Place of Burial, Harstons

 Date of Burial, March 10, 1887

 Undertaker, Hecker & Co

 Place of Business, 109 E. Calver St
Russell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98478 Office of Registrar of Vital Statistics.

Ward 162

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 8, 87

Full Name of Deceased, Peter Parker { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 67 (in my opinion 80) Years, ✓ Months, ✓ Days.

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, Va { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, 424 Hamburg St - { Give Street and Number. }

Cause of Death, Senile old age { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, March 10 1887

Undertaker, Hercules Pross

Place of Business, 409 Court Way Address, 915 Light

R. H. Selu M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 78488

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98488 Office of Registrar of Vital Statistics

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry A. Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 59 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. } 630 Cross

Cause of Death, { First (Primary), Phthisis pulmonalis }
{ Second (Immediate), Prostration }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10th 1887

{ Undertaker, Julius Koehler } Q. L. Suddenbohm M. D.
{ Place of Business, Sharp's Cross } Address, 610 S. Pacat Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 70787

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98489 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887

Full Name of Deceased, John F. Creamer

Sex, Male or Female, Male

Age, 44 Years, 1 Months, 25 Days

Color, white

Married, Single, Widow or Widower, Single

Occupation, Boilermaker

Birth Place, Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, 516 Wyeth St

Cause of Death, Phthisis Pulmonis
Asthemia

Duration of Last Sickness, over 1 year

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, March 11th 2 PM

Undertaker, J B Cooke & Son

Place of Business, Baltimore & Schenck St

Geo R Graham M. D.

Medical Attendant.

Address, 725 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 98490
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98490 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887
Full Name of Deceased, Barbara Deser
Sex, Male or Female, Female
Age, 00 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, Single
Occupation, Teacher
Birth Place, Germany
Duration of Residence in the City of Baltimore, 2 years
Place of Death, 1213 E. Eager St
Cause of Death, Acute Pneumonia
Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch
Date of Burial, March 11 1887
Undertaker, Henry Hoeck
Place of Business, 309 N. Calver St Address, Calver & Caroline St
Medical Attendant, S. W. Fisher M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

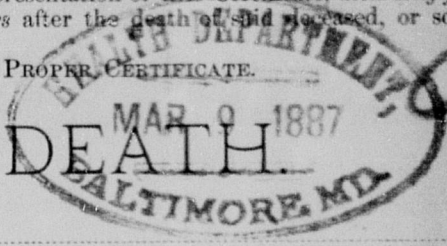
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9849 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, March 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Johnston

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — Years, 4 Months, — Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1011 Mulberry St -

Cause of Death, {First (Primary), Pneumonia
Second (Immediate), —}

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Garden Park

Date of Burial, March 9th

{ Undertaker, J. Lewis Schaefer, M. D. Hill Medical Attendant

{ Place of Business, 2101 Pennock Address, 1001 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98492 Office of Registrar of Vital Statistics.

Ward 7²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Collins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 83 Years, 6 Mos Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give Street and Number. } No 1321 N. Bond St.

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 11th

Undertaker, Scott Shilling

Place of Business, Ashland Square

Wm. Whitbridge M. D.
Medical Attendant.

Address, cor. Charles & Reed St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]